

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/518332 FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3	12					
4	10					
5	10					
6	5					
7	10					
8	10					
9	10					
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	8					
TOTAL CLAIMS	9					

*	*	*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS